

TOWN OF LUNENBURG

DECLINATION OF HEALTH INSURANCE COVERAGE AND HIPAA SPECIAL ENROLLMENT RULES NOTIFICATION

I hereby certify that I have been given the opportunity to enroll in the Town of Lunenburg's Group Health Insurance plan. I understand fully the benefits available to me under the plan. I am declining health insurance coverage for myself and my dependents. I have read the HIPPA Special enrollment rules below.

Employee Name: _____

Employee Signature: _____

Date: _____

HIPAA SPECIAL ENROLLMENT RULES

If you are declining enrollment for yourself/dependents (including your spouse) because of other health insurance coverage, you may be eligible to enroll during our annual open enrollment in May/June. In addition, you may be able to enroll if you have a qualifying event, and request enrollment within 30 days of the event, such as the following:

- Spouse's enrollment is terminated
- Marriage
- Birth of child
- Adoption of child